

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098689

FILED  
Jul 17, 2011  
Secretary of State

Entity Name: MAWULI, INC.

**Current Principal Place of Business:**

545 NW 99 STREET  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6593  
MIAMI, FL 33141

**New Mailing Address:**

FEI Number: 65-1144409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANCIS, KENOL  
545 NW 99 STREET  
MIAMI, FL 33150    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FRANCIS, KENOL H  
Address: 545 NW 99 STREET  
City-St-Zip: MIAMI, FL 33150

Title: TS  
Name: DAVIS, JOHNATHAN  
Address: 545 NW 99 STREET  
City-St-Zip: MIAMI, FL 33150

Title: AS  
Name: SAINTUS, MARIE  
Address: 545 NW 99 STREET  
City-St-Zip: MIAMI, FL 33150

Title: VP  
Name: AUGUSTIN, ONICKEL  
Address: 545 NW 99 STREET  
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENOL H. FRANCIS

P

07/17/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date